CANUCK LAW
Reporting That You're Not Getting Elsewhere (Do Your Own Research To Verify)

NOVEMBER 19, 2023 BY RONNIE

From 2009: WHO Guidance On IHR Implementation In National Legislation

WHO/HSE/IHR/2009.4
International Health Regulations (2005)
Toolkit for implementation in national legislation
The National IHR Focal Point

	National IHR Focal Point
Version 1 For legislation which directly designates the NFP	"[*Name of designated or established Focal Point*]" means the [*national centre/office/agency/institution*] designated in this [*Law/Act/Decree/Order/Decision*] to fulfil the functions of the National IHR Focal Point in accordance with the IHR (2005) [*and any additional functions as provided in this Law/Act/Decree/Order/Decision*].
Version 2 For legislation which enables or authorizes designation of the NFP by a specific ministry/agency/other authority	"National IHR Focal Point" or "NFP" means the [*national centre/office/agency/institution*] designated by the [*name of specific authority/Minister/agency*] pursuant to this [*Law/Act/Decree/Order/Decision*] and the IHR (2005).
	"WHO" means the World Health Organization.

Over the last few years, it's been covered here how the WHO's International Health Regulations (or IHR), have been implemented domestically via the Quarantine Act and Public Health Acts. It's also been argued that the Public Health Agency of Canada (or PHAC), is effectively a local outpost of WHO.

To further bolster those claims, here's a 2009 document from WHO, giving Member States advice on how to implement the 2005 version of those International Health Regulations. Interestingly, there seems to be little to no interest in any sort of democratic consultation.

See both the original posting, and the marked version.

> [Page 2]
> The International Health Regulations (2005) – ***Toolkit for implementation in national legislation: The National IHR Focal Point was developed by the Secretariat of the World Health Organization (WHO) in response to requests for guidance on legislative implementation of the requirements concerning the designation or establishment and functioning of the National IHR Focal Point (NFP) under the International Health Regulations (2005) ("IHR (2005)" or "Regulations"***). This toolkit complements other related legal guidance on the role and assessment of national legislation for IHR (2005)

implementation, including the legislative reference and assessment tool and compilation of examples of legislation. The International Health Regulations (2005): Areas of work for implementation and other guidance developed by the WHO Secretariat assist States Parties with the IHR (2005) implementation process.

[Page 7]

1.2. What is a National IHR Focal Point (NFP)?

The ***designation or establishment of an NFP and its proper functioning are among the key obligations of each State Party under the IHR (2005)***. An effectively functioning NFP network is essential to the successful implementation of the Regulations.

The NFP is a national centre, established or designated by each State Party. The ***NFP must be accessible at all times (7 days a week, 24 hours a day and 365 days a year) for IHR (2005)-related communications with WHO IHR Contact Points***. WHO has identified such a Contact Point at each of its six regional offices, available at all times for IHR communications. To date, 193 States Parties have designated an NFP.

[Page 10]

1.3 Why are national legislation, regulations and other instruments relevant for NFP designation or establishment and functioning?

.

The ***IHR (2005) are legally binding on virtually all (i.e. 194) States worldwide***, and impact governmental functions and responsibilities across many ministries, sectors and governmental levels. The Regulations also ***involve very specific operational functions, such as those of the NFP. While the IHR (2005) mandate that the NFP be designated or established, and that it function properly, how these requirements are to be implemented is up to each State Party in light of its own legislation, governmental structures and policies.*** The effective implementation of these obligations, however, ***requires that an adequate legal framework is in place.***

.

In some States, giving ***effect to the IHR (2005) within domestic jurisdiction and national law generally requires that the relevant authorities adopt implementing legislation***. However, even where new or revised legislation, regulations or other instruments may not be explicitly required under the State Party's legal system, they may still be considered by the country in order to facilitate performance of IHR activities in a more efficient, effective or otherwise beneficial manner — including those relating to the NFP.

2.1. Title and purpose of legislation

Commentary

Legal instruments often contain a general statement of their purpose, setting a framework for the instrument in question. It may be of particular importance when applying or interpreting the instrument.

Model legislative texts

Title	[*Law/Act/Decree/Order/Decision*] concerning designation of National IHR Focal Point in accordance with the International Health Regulations (2005).
Purpose	The purpose of this [*Law/Act/Decree/Order/Decision*] is to [*designate*] / [*establish*] the National IHR Focal Point in accordance with the International Health Regulations (2005).

2.2. Preliminaries, including definitions

Commentary

Definitions are important in the interpretation and application of any legal instrument. Clear and unambiguous definitions will assist the efficient implementation of the instrument.

Section 4. Designation of the NFP

Version 1: For legislation in which the NFP is designated or established directly

The [*name of national centre/agency/institution/office*] is hereby designated as the national [*centre/agency/institution/office*] that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

OR

Version 2: For legislation authorizing designation by another body

The [*title of Minister or other specific authority*] shall establish [*by order/ordinance/decree/regulation*] a National IHR Focal Point, by designating or establishing an appropriate national [*centre/agency/institution/office*] in accordance with the IHR (2005).

OR

The [*title of Minister or other specific authority*] is authorized to designate by [*order/ordinance/decree/regulation*] the national [*centre/agency/institution/office*] that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

The World Health Organization provides specific wording templates to use in upcoming legislation. In other words, these guidelines are being provided, and all that's needed is to fill in the blanks.

[Page 16]

A. Minimum mandatory NFP functions

The following functions printed in bold are derived directly from the IHR (2005) and can be considered mandatory components of terms of reference for NFPs:

1) ***Remaining accessible at all times for communications with WHO IHR Contact Points*** (via e-mail, telephone and/or fax): In order to ensure coverage of the post around the clock, it is envisioned that NFPs will be offices rather than individuals, including potentially a designated government position supported by a functional structure. ***It is critical that the NFP be available at all times, and it will not be possible for a single individual to carry out this function***. Functional and reliable telephone, e-mail and fax lines are essential. The NFP should be contactable by direct telephone or fax and via a generic institutional e□mail address, preferably one indicating its affiliation with the IHR.

[Page 16]

2) On behalf of the State Party concerned, sending to WHO IHR Contact Points urgent communications arising from IHR (2005) implementation, in particular under Articles 6-12 of IHR (2005): In summary, Articles 6-12 cover the following communications:

(i) Notification (Article 6): ***Notifying WHO of all events which may constitute a public health emergency of international concern*** within a State Party's territory in accordance with the Annex 2;

(ii) ***Information-sharing during unexpected or unusual public health events (Article 7): Providing all relevant public health information if there is evidence of an unexpected or unusual public health event*** within a State Party's territory which may constitute a public health emergency of international concern;
(iii) Consultation (Article 8): If the State Party so chooses, ***keeping WHO advised on events occurring within a State Party's territory which do not require notification***, and consulting with WHO on appropriate health measures;

and so on….

The document also uses legislation from countries around the world to give as examples for how to implement. But don't worry, it's not a global conspiracy or anything.

And a serious question to ask: did anyone ever vote for this? Was this on any official Federal or Provincial platform? Was there a public referendum to examine if the citizens wanted this?

(1) https://cdn.who.int/media/docs/default-source/documents/emergencies/ihr-toolkit-for-implementation-in-national-legislation3cceba0c-4580-48a4-9d4e-2b17a2146b66.pdf?sfvrsn=60aea14d_1&download=true
(2) IHR Toolkit For Implementation In National Legislation
(3) Wayback Machine Archive

LINKS TO ARTICLES WITH BACKGROUND INFORMATION

WHO Constitution in 1946: Canada signs on to the WHO Constitution, a provision within states that adopting this document is a requirement to being a member. This was nearly 100 years ago that this was adopted.

https://canucklaw.ca/world-health-organization-constitution-have-you-actually-read-it/

Int'l Pandemic Treaty a red herring: Why the high profile "amendments" to the International Health Regulations are largely irrelevant. The short answer is that countries are already bound to their dictates. Yes, this just makes it more of a formality

https://canucklaw.ca/who-constitution-why-the-global-pandemic-treaty-is-largely-irrelevant/

IHR are legally binding: The International Health Regulations aren't just "recommendations" as many might think. Member-states are legally required to implement these rules, although it's unclear how disobedience might be punished in practice.

https://canucklaw.ca/who-legally-binding-international-health-regulations-ihr/

2005 Quarantine Act is 3rd Ed WHO-IHR: Bill C-12 was introduced in the House of Commons in late 2004. Supposedly", this was in response to SARS a few years earlier. While the explanations sounded benevolent, the reality is that it laid the path for a lot of the martial law measures that happened 2020-2023. It was also explicitly admitted during the hearings that the QA was designed in anticipation of new changes to WHO-IHR. (The 3rd Edition IHR eventually came out in 2005)

https://canucklaw.ca/the-2005-quarantine-act-bill-c-12-was-actually-written-by-who/

PHAC created at instigation of WHO: The Public Health Agency of Canada was created out of nothing in June 2004, at the instigation of the WHO. The 133rd Session took place in January 2004, and required member-states to "develop a focal point" to respond to future health crises. That turned out to be PHAC. Several Orders-In-Council later, and it was embedded with other legislation. Once Harper took power in early 2006, he introduced the "PHAC Act, to give the new agency its own powers.

https://canucklaw.ca/public-health-agency-of-canada-created-as-branch-of-who/

Health Canada pop'n control: PHAC isn't the only problem that we've have to deal with. Health Canada (formerly the Department of Health) was created by Bill 37 back in 1919. The supposed reason was public health after WWI. HC has undergone transformations over the years, and a lot of its old functions are now covered by PHAC.

https://canucklaw.ca/health-canada-initially-created-for-population-control-measures/

Provincial Health Acts are QA derivatives: a quick look through shows that they are written almost identically. They were all put in around 2007-2010, following the passage of the 2005 Quarantine Act. Political parties aside, they serve the same masters.

1st article: BC, AB, SK, MB, ON
2nd article: QC, NS, NB, PEI, NFLD

https://canucklaw.ca/provincial-health-acts-are-really-just-who-ihr-domestically-implemented/
https://canucklaw.ca/the-other-provincial-health-acts-written-by-who-ihr/

This was slipped into a Budget Bill, Bill C-97, back in 2019. It removes the requirement for parliamentary consultations when invoking Quarantine Act, of Human Pathogens and Toxins Act. Considering the timing, it's hard to argue this wasn't pre-planned.

https://canucklaw.ca/oversight-for-human-pathogens-and-toxins

This hasn't been updated in a long time, but the WHO-IHR statements are essentially guidelines for national and regional politicians to follow

https://canucklaw.ca/canadas-actions-were-dictated-by-whos-legally-binding-ihr

The WHO-IHR are far from the only agreements that attack our freedom. Another is the Sendai Framework, which serves to trip away many of the same rights: mobility, association, earning a livelihood, etc…. These same measures can be present in different forms.

https://canucklaw.ca/2-sides-of-the-same-coin-sendai/

CANADA, UN/WHO, VACCINES, WARS

2 Replies to "From 2009: WHO Guidance On IHR Implementation In National Legislation"

Grace

NOVEMBER 20, 2023 AT 8:42 AM

Excellent explanation!

Fakeologist

NOVEMBER 23, 2023 AT 2:28 AM

Sadly the entire world is not noticing the usurping of country's laws.